# United States Bankruptcy Court Eastern District of New York, Brooklyn Division

IN RE:		Case No.	
O'Malley, Loretta M		Chapter 7	
	Debtor(s)		
	VERIFICATION OF CREDI	TOR MATRIX	
The above named debtor(s) or attectorect to the best of their knowled	· · · · · · · · · · · · · · · · · · ·	y that the attached matrix (list of creditors) is true and	
Date: October 17, 2016	/s/ Loretta M O'Malley Debtor		
	Joint Debtor		
	/s/ Kevin Zazzera Attorney for Debtor		

Amex Correspondence PO Box 981540 El Paso, TX 79998-1540

Amex PO Box 297871 Fort Lauderdale, FL 33329-7871

Bank of America NC4-105-03-14 PO Box 26012 Greensboro, NC 27420-6012

Bk of Amer PO Box 982238 El Paso, TX 79998-2238

Cap1/neimn 26525 N Riverwoods Blvd Mettawa, IL 60045-3440

Capital One/Neiman Marcus/Bergdorf Goodm PO Box 729080 Dallas, TX 75372-9080

Citibank/the Home Depot Citicorp Cr Srvs/Centralized Bankruptcy PO Box 790040S Louis, MO 63129 Dsnb Macys 9111 Duke Blvd Mason, OH 45040-8999

Nissan Dallas, TX 75266

Nisssan- Infiniti lt 8900 Freeport Pkwy Irving, TX 75063-2409

Nordstrom Fsb Correspondence PO Box 6555 Englewood, CO 80155-6555

Nordstrom/td 13531 E Caley Ave Englewood, CO 80111-6504

Portfolio Recovery Ass 287 Independence Blvd Virginia Beach, VA 23462-2962

Santander Bank NA 1130 Berkshire Blvd Wyomissing, PA 19610-1242 Santander Bank NA 865 Brook St Rocky Hill, CT 06067-3444

Sears/Cbna PO Box 6282 Sioux Falls, SD 57117-6282

Synchrony Bank c/o Portfolio Recovery PO Box 41067 Norfolk, VA 23541-1067

TD Bank 1701 Marlton Pike E Cherry Hill, NJ 08003-2390

Td Bank USA/Targetcred PO Box 673 Minneapolis, MN 55440-0673

Thd/Cbna PO Box 6497 Sioux Falls, SD 57117-6497

Tnb-Visa (TV) / Target C/O Financial & Retail Services Mailstop PO Box 9475 Minneapolis, MN 55440-9475

Visa Dept Store National Bank Attn: Bankruptcy PO Box 8053 Mason, OH 45040-8053

B201B (Form 201B) (12/09)

### **United States Bankruptcy Court** Eastern District of New York, Brooklyn Division

IN RE:	Case No
O'Malley, Loretta M	Chapter 7
Debtor(s)	•
CERTIFICATION O	F NOTICE TO CONSUMER DEBTOR(S)
UNDER 8 3420	6) OF THE RANKRIIPTCY CODE

	342(b) OF THE BANKRUPTCY CODE	
Certificate of [1	Non-Attorney] Bankruptcy Petition Preparer	
I, the [non-attorney] bankruptcy petition preparer solution, as required by § 342(b) of the Bankruptcy	igning the debtor's petition, hereby certify that I delivered Code.	d to the debtor the attached
Printed Name and title, if any, of Bankruptcy Petit Address:	petition preparer the Social Secur principal, respon	number (If the bankruptcy r is not an individual, state ity number of the officer, asible person, or partner of petition preparer.)
X	(Required by 11	
Signature of Bankruptcy Petition Preparer of offic partner whose Social Security number is provided		
	Certificate of the Debtor	
I (We), the debtor(s), affirm that I (we) have received	yed and read the attached notice, as required by § 342(b) of	of the Bankruptcy Code.
O'Malley, Loretta M	X /s/ Loretta M O'Malley	10/17/2016
Printed Name(s) of Debtor(s)	Signature of Debtor	Date
Case No. (if known)		
	Signature of Joint Debtor (if any)	Date

Instructions: Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

Date

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Fill in this informa	ation to identify your o	case:						
Debtor 1	Loretta M O'Malle	ey						
	First Name	Middle Name	Last Name					
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name					
United States Bank	cruptov Court for the	EASTERN DISTRI	CT OF NEW YORK, BROOKLYN DIVISION					
United States Bank	cruptcy Court for the:	EASTERN DISTRI	CT OF NEW YORK, BROOKETH DIVISION					
Case number				☐ Check if this is an amended filing				
	Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7							
If you are an indivi	dual filian under abor	-to = 7	and this form if					
	dual filing under chap claims secured by you		out this form ir:					
you have leased You must file this	d personal property a form with the court wi	nd the lease has not ithin 30 days after yo	expired.  ou file your bankruptcy petition or by the date set time for cause. You must also send copies to the c					
	ple are filing together the form.	in a joint case, both	are equally responsible for supplying correct info	rmation. Both debtors must sign				
	d accurate as possible ir name and case num		eeded, attach a separate sheet to this form. On the	e top of any additional pages,				
Part 1: List You	r Creditors Who Have	e Secured Claims						
For any creditor information below		ert 1 of Schedule D: (	Creditors Who Have Claims Secured by Property (	Official Form 106D), fill in the				
	litor and the property the	hat is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?				
Creditor's			☐ Surrender the property.	□ No				
name:			☐ Retain the property and redeem it.					
Description of			☐ Retain the property and enter into a <i>Reaffirmation</i>	☐ Yes				
Description of property			Agreement.  ☐ Retain the property and [explain]:					
securing debt:				_				
Creditor's name:			☐ Surrender the property. ☐ Retain the property and redeem it.	□ No				
name.			☐ Retain the property and redeem it.	☐ Yes				
Description of			Agreement.					
property securing debt:			☐ Retain the property and [explain]:					
securing debt.				_				
Creditor's			☐ Surrender the property.	□ No				
name:			☐ Retain the property and redeem it.	Пу				
Description of			Retain the property and enter into a <i>Reaffirmation Agreement</i> .	Yes				
property			Retain the property and [explain]:					
securing debt:			i i y atribut					

Official Form 108

Creditor's

☐ Surrender the property.

☐ No

#### 

Deb	tor 1 <u>C</u>	'Malley, Loretta M	Case number (if known)	
	ame: escription	n of	<ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> </ul>	☐ Yes
	roperty ecuring d	ebt:	☐ Retain the property and [explain]:	_
or a	any unex nformation	on below. Do not list real estate lease	Leases but listed in Schedule G: Executory Contracts and Unexpired less. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).	
Des	cribe you	ur unexpired personal property lease	s	Will the lease be assumed?
Less	sor's nam	e: <b>Nissan</b>		□ No
				■ Yes
	cription of perty:	f leased leased vehicle		
Part	3: Sig	gn Below		
		y of perjury, I declare that I have indicis subject to an unexpired lease.	cated my intention about any property of my estate that secu	ires a debt and any personal
X		etta M O'Malley	x	
		a <b>M O'Malley</b> re of Debtor 1	Signature of Debtor 2	
	Date	October 17, 2016	Date	

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK, BROOKLYN DIVISION		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

### Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Loretta First name  M Middle name	First name  Middle name
	Bring your picture identification to your meeting with the trustee.	O'Malloy	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2404	

De	otor 1 O'Malley, Loretta	M	Case number (if known)		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.		
	Include trade names and doing business as names	Business name(s)  EINs	Business name(s)		
		EINS	EINs		
5. Where you live		491 Gansevoort Blvd Staten Island, NY 10314-5256	If Debtor 2 lives at a different address:		
		Number, Street, City, State & ZIP Code  Richmond	Number, Street, City, State & ZIP Code		
		County	County		
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.		If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

Debtor 1 O'Malley, Loretta M			М		Case number (if known)			
Par	٠ 2.	Tell the Court About \	/our Bankri	intov Ca	50			
<ul> <li>7. The chapter of the Bankruptcy Code you are</li> <li>Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (I 2010)). Also, go to the top of page 1 and check the appropriate box.</li> </ul>							 or Bankruptcy (Form	
		sing to file under	_	-	ne top or page 1 and cr	eck the appropriate box.		
			■ Chapte					
			☐ Chapte					
			☐ Chapte					
			☐ Chapte	113				
8.	How	you will pay the fee	abou If yo	ıt how you	u may pay. Typically, if by is submitting your pay	you are paying the fee yo	eck with the clerk's office in your local cour ourself, you may pay with cash, cashier's c ur attorney may pay with a credit card or ch	heck, or money order.
					the fee in installmen Installments (Official Fo		tion, sign and attach the Application for Inc	lividuals to Pay The
			not r your	equired to family siz	o, waive your fee, and n ze and you are unable t	nay do so only if your inco o pay the fee in installme	on only if you are filing for Chapter 7. By la ome is less than 150% of the official pover nts). If you choose this option, you must fil 3) and file it with your petition.	ty line that applies to
9.		you filed for ruptcy within the last ars?	■ No.					
				District		When	Case number	
				District		When	Case number	
				District		When	Case number	
10.		iny bankruptcy cases	■ No					
	a spo this o a bus	ling or being filed by buse who is not filing case with you, or by siness partner, or by filiate?	☐ Yes.					
				Debtor			Relationship to you	
				District		When	Case number, if known	
				Debtor			Relationship to you	
				District		When	Case number, if known	
11.		ou rent your	■ No.	Go to I	ine 12.			
	resid	ence?	☐ Yes.	Has yo	ur landlord obtained an	eviction judgment agains	st you and do you want to stay in your resid	dence?
					No. Go to line 12.			
					Yes. Fill out <i>Initial Stat</i> bankruptcy petition.	ement About an Evictior	a Judgment Against You (Form 101A) and	file it with this

Deb	tor 1 O'Malley, Loretta	М			Case number (if known)			
Par	Report About Any Bus	sinesses `	You Own	as a Sole Proprieto	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	iness					
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	of business, if any				
	If you have more than one sole proprietorship, use a		Numb	Number, Street, City, State & ZIP Code				
	separate sheet and attach it to this petition.		Chec	Check the appropriate box to describe your business:				
	·			Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))			
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))			
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))			
				None of the above				
Chapter 11 of the deadlines. If you indicate that you are a small business debtor, y			s. If you in is, cash-fl	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure in 11				
	For a definition of small	No.	I am ı	not filing under Chap	ter 11.			
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t4: Report if You Own or	Have Any	Hazardo	us Property or Any	Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or	☐ Yes.	What is	the hazard?				
	safety? Or do you own any property that needs immediate attention?			liate attention is why is it needed?				
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?			Where is	s the property?	Number, Street, City, State & Zip Code			

Debtor 1 O'Malley, Loretta M Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

Explain Your Efforts to Receive a Briefing About Credit Counseling

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about

credit counseling because of:

П Incapacity.

> I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 O'Malley, Loretta	М		Case number	Case number (if known)			
Par	t 6: Answer These Questi	ons for Rep	orting Purposes					
16.	What kind of debts do you have?		16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C.§ 101(8) as "incurs individual primarily for a personal, family, or household purpose."  □ No. Go to line 16b.					
	you nave:							
			Yes. Go to line 17.					
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money					
				or through the operation of the business or in	vestment.			
			□ No. Go to line 16c.					
			Yes. Go to line 17.	ve that are not consumer debts or business o	Nobto			
		100.		re that are not consumer debts or business t				
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter	7. Go to line 18.				
	Do you estimate that after any exempt property is excluded and			o you estimate that after any exempt property e to distribute to unsecured creditors?	y is excluded and administrative expenses are			
	administrative expenses are paid that funds will be		■ No					
	available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do	<b>■</b> 1-49		□ 1,000-5,000	☐ 25,001-50,000			
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	50,001-100,000			
		□ 100-19 □ 200-99		□ 10,001-25,000	☐ More than100,000			
19.	How much do you	□ \$0 - \$5	0,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion			
	estimate your assets to be worth?		1 - \$100,000	☐ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion			
			01 - \$500,000 01 - \$1 million	☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
		<b>Δ</b> ψοσο,σ						
20.	How much do you estimate your liabilities to	□ \$0 - \$5	•	□ \$1,000,001 - \$10 million	\$500,000,001 - \$1 billion			
	be?		91 - \$100,000 01 - \$500,000	☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion			
		□ \$500,001 - \$1 million		□ \$100,000,001 - \$500 million	☐ More than \$50 billion			
Par	t 7: Sign Below							
For	you	I have exa	nined this petition, and I decla	are under penalty of perjury that the informati	on provided is true and correct.			
				, I am aware that I may proceed, if eligible, lable under each chapter, and I choose to pr	under Chapter 7, 11,12, or 13 of title 11, Unite oceed under Chapter 7.			
			ney represents me and I did no ned and read the notice require	ot pay or agree to pay someone who is not an ed by 11 U.S.C. § 342(b).	attorney to help me fill out this document, I			
		I request r	elief in accordance with the cl	hapter of title 11, United States Code, spec	cified in this petition.			
		case can r		concealing property, or obtaining money or proor imprisonment for up to 20 years, or both.	roperty by fraud in connection with a bankruptcy 18 U.S.C. §§ 152, 1341, 1519, and 3571.			
		Loretta I	M O'Malley of Debtor 1	Signature of Debto	r 2			
		Executed of	October 17, 2016	Executed on				
			MM / DD / YYYY	MM	I / DD / YYYY			

Debtor 1 O'Malley, Loretta	М	Cas	Case number (if known)		
		,			
For your attorney, if you are represented by one		ode, and have explained	ormed the debtor(s) about eligibility to proceed under the relief available under each chapter for which the		
If you are not represented by an attorney, you do not need to file this page.			ry that the information in the schedules filed with the		
	Is/ Kevin Zazzera Signature of Attorney for Debtor	Date	October 17, 2016 MM / DD / YYYYY		
	Kevin Zazzera Printed name				
	Kevin B. Zazzera, Esq.				
	182 Rose Ave Ste 3 Staten Island, NY 10306-2900				
	Number, Street, City, State & ZIP Code				
	Contact phone	Email address	kzazz007@yahoo.com		
	Bar number & State				

Fill in this in	nformation to identify	vour case and th	is filing:				
Debtor 1	Loretta M (	•	is illing.				
Debioi 1	First Name		e Name	Last Name			
Debtor 2 (Spouse, if filing	) First Name	Middle	e Name	Last Name			
	s Bankruptcy Court fo	r the: EASTERN	DISTRIC	CT OF NEW YORK, BROOKLYN DIVISIO	N		
Case numbe	er						Check if this is an
Case Hambe							amended filing
Official	Form 106A/I	3					
Sched	lule A/B: P	roperty					12/15
think it fits be information. If Answer every	st. Be as complete and more space is needed question.	accurate as possible attach a separate sh	e. If two r neet to th	only once. If an asset fits in more than one of narried people are filing together, both are existence is form. On the top of any additional pages,	qually responsible	or supplyin	g correct
1. Do you owi	n or have any legal or e	quitable interest in a	ny reside	ence, building, land, or similar property?			
☐ No. Go t	o Part 2.						
Yes. Wh	nere is the property?						
1.1			What	is the property? Check all that apply			
491 G	ansevoort Blvd		_	Single-family home  Duplex or multi-unit building		secured clai	ms on Schedule D:
Street ad	dress, if available, or other d	escription		Condominium or cooperative	Creditors Who Hav	e Claims Se	ecured by Property.
				Manufactured or mobile home	Current value of t	he Cu	rrent value of the
	n Island NY	10314-5256		Land	entire property?	ро	rtion you own?
City	State	ZIP Code		Investment property Timeshare	\$395,000		\$395,000.00
				Other	(such as fee simp	le, tenancy	wnership interest by the entireties, or
				has an interest in the property? Check one  Debtor 1 only	a life estate), if kn		tv
				Debtor 2 only			
County				Debtor 1 and Debtor 2 only	☐ Check if this	is commun	itv propertv
			041	At least one of the debtors and another	(see instructions		
				information you wish to add about this item rty identification number:	i, such as local		
			resi	dence			
				our entries from Part 1, including any e			\$395,000.00
Part 2: Desc	cribe Your Vehicles						
				y vehicles, whether they are registered edule G: Executory Contracts and Unexpi		y vehicles y	you own that
3. Cars, van	s, trucks, tractors, s	port utility vehicles	s, motor	cycles			
■ No							
☐ Yes							

page 1

Schedule A/B: Property

Official Form 106A/B

D	ebtor 1	O'Malley, Lo	oretta M Case number (if kno	own)
			or homes, ATVs and other recreational vehicles, other vehicles, and accessories motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories	
	■ No			
	☐ Yes			
5			the portion you own for all of your entries from Part 2, including any entries for pag Part 2. Write that number here=>	ges \$0.00
D	art 3: Do	scriba Vour Parso	nal and Household Items	
			egal or equitable interest in any of the following items?	Current value of the
				<ul><li>portion you own?</li><li>Do not deduct secured claims or exemptions.</li></ul>
6.		old goods and fu	urnishings ces, furniture, linens, china, kitchenware	
	□ No	oo. Major appliant	oos, ramitaro, ilitaro, orinta, ratorioriwaro	
	Yes.	Describe		
			furniture	\$1,000.00
7.		es: Televisions an	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music phones, cameras, media players, games	collections; electronic devices
	■ No	Describe		
8.			figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coinemorabilia, collectibles	n, or baseball card collections; other
		Describe		
_				
9.		ent for sports an es: Sports, photog instruments	nd hobbies graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools; musical
	_	Describe		
	00.	20001100		
10.	. <b>Firearn</b> Examp ■ No		s, shotguns, ammunition, and related equipment	
	☐ Yes.	Describe		
11.	. Clothes Examp		thes, furs, leather coats, designer wear, shoes, accessories	
		Describe		
	<b>—</b> 163.	Describe	clothes	\$200.00
12.	. <b>Jewelry</b> Examp ■ No		velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
		Describe		
13.	. Non-faı	m animals		
	Examp	oles: Dogs, cats, b	pirds, horses	
	■ No	<b>.</b> "		
	⊔ Yes.	Describe		
14.	. Any otl ■ No	ner personal and	d household items you did not already list, including any health aids you did not list	t

Debtor 1	O'Malley, Loretta M	Case number (if known)	
☐ Yes	Give specific information		
	the dollar value of all of your entries from Part 3. Write that number here	t 3, including any entries for pages you have attached for	\$1,200.00
Part 4: D	escribe Your Financial Assets		
Do you o	own or have any legal or equitable interest in ar	ny of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	<i>nples:</i> Money you have in your wallet, in your home,	, in a safe deposit box, and on hand when you file your petition	
	······································	cash	\$50.00
Exan □ No	sits of money  nples: Checking, savings, or other financial account institutions. If you have multiple accounts w	ts; certificates of deposit; shares in credit unions, brokerage hou vith the same institution, list each.  Institution name:	ses, and other similar
	17.1. Checking Accou	ınt NFSB	\$4.00
	17.2. Checking Accounts, mutual funds, or publicly traded stocks inples: Bond funds, investment accounts with broke		\$4.00
	Institution or issuer na	ame:	
<b>joint</b> ■ No	venture  s. Give specific information about them		in an LLC, partnership, and
Nego Non- ■ No	Name of entity:  rnment and corporate bonds and other negotia  bitable instruments include personal checks, cashie  negotiable instruments are those you cannot transfer	ers' checks, promissory notes, and money orders.	
⊔ Yes	s. Give specific information about them Issuer name:		
	ement or pension accounts nples: Interests in IRA, ERISA, Keogh, 401(k), 403	3(b), thrift savings accounts, or other pension or profit-sharing p	blans
■ Yes	s. List each account separately.  Type of account:  401(k) or Similar Plan	Institution name: NFSB	\$64,000.00
Your	rity deposits and prepayments share of all unused deposits you have made so tha nples: Agreements with landlords, prepaid rent, pub	at you may continue service or use from a company olic utilities (electric, gas, water), telecommunications companies	, or others

☐ Yes. ...... Institution name or individual:

De	ebtor 1	O'Malley,	Loretta M		Case number (if known)	
23.	Annuiti	es (A contrac	t for a periodic payment of money to	you, either for life or for a number	er of years)	
	☐ Yes		Issuer name and description.			
24.			ation IRA, in an account in a quali 1), 529A(b), and 529(b)(1).	fied ABLE program, or under	a qualified state tuition progra	m.
	Yes		Institution name and description. S	separately file the records of any i	nterests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or	future interests in property (other	er than anything listed in line 1	), and rights or powers exercis	sable for your benefit
	☐ Yes.	Give specific	information about them			
26.			, trademarks, trade secrets, and clomain names, websites, proceeds f		ments	
	☐ Yes.	Give specific	information about them			
27.			s, and other general intangibles permits, exclusive licenses, cooperate	ive association holdings, liquor li	censes, professional licenses	
	☐ Yes.	Give specific	information about them			
M	oney or p	property owe	ed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refu	unds owed to	o you			
	■ No □ Yes. 0	Give specific i	information about them, including wh	nether you already filed the return	s and the tax years	
29.	■ No	les: Past due	or lump sum alimony, spousal sup	port, child support, maintenance	e, divorce settlement, property se	ettlement
	☐ Yes. (	Give specific i	nformation			
30.	Examp 	<i>les:</i> Unpaid w	eone owes you rages, disability insurance payments pans you made to someone else	, disability benefits, sick pay, vac	ation pay, workers' compensatio	n, Social Security benefits;
	■ No □ Yes.	Give specific	information			
31.	_Examp	t <b>s in insuran</b> les: Health, di	ce policies isability, or life insurance; health sav	ings account (HSA); credit, home	eowner's, or renter's insurance	
	■ No □ Yes. I	Name the insu	urance company of each policy and I	ist its value.		
			Company name:	Ве	eneficiary:	Surrender or refund value:
32.	Any into If you a died.	erest in prop are the benefic	erty that is due you from someon ciary of a living trust, expect proceed	ne who has died s from a life insurance policy, or a	are currently entitled to receive pr	operty because someone has
		Give specific	information			
33.	Examp ■ No	les: Accidents	I parties, whether or not you have s, employment disputes, insurance sh claim		nand for payment	

Deb	otor 1 O'Malley, Loretta M		Case number (if known)	
34.	Other contingent and unliquidated claims of every nature, inclu	ding counterclaims of	the debtor and rights to se	t off claims
	No	_	_	
	Yes. Describe each claim			
35.	Any financial assets you did not already list			
_	No			
	Yes. Give specific information			
36.	Add the dollar value of all of your entries from Part 4, including Part 4. Write that number here		-	\$64,058.00
Part	5: Describe Any Business-Related Property You Own or Have an Inter	rest In. List any real estat	te in Part 1.	
37. <b>[</b>	Oo you own or have any legal or equitable interest in any business-relate	ed property?		
	No. Go to Part 6.			
	Yes. Go to line 38.			
Part		ມ Own or Have an Interes	t In.	
	If you own or have an interest in farmland, list it in Part 1.			
46.	Do you own or have any legal or equitable interest in any farm-	or commercial fishing	-related property?	
	No. Go to Part 7.	J	,	
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	u Did Not List Above		
F2	Do you have other property of any kind you did not already list?	2		
_	Examples: Season tickets, country club membership	•		
	No			
L	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	at number here		\$0.00
<b>O</b>	That the delian value of all of your change from the first time and			Ψ0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$395,000.00
56.	Part 2: Total vehicles, line 5	\$0.00		· ,
57.	Part 3: Total personal and household items, line 15	\$1,200.00		
58.	Part 4: Total financial assets, line 36	\$64,058.00		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$65,258.00	Copy personal property total	see \$65,258.00
63.	Total of all property on Schedule A/B. Add line 55 + line 62			\$460,258.00

	Case 1-16-450	03-ess Doc 1	L Filed 11/04/16	Entered 11/04	1/16 12:35:26
Fill in this info	rmation to identify your	case:			
Debtor 1	Loretta M O'Malle				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for the:	EASTERN DISTRIC	CT OF NEW YORK, BROOK	KLYN DIVISION	
Case number (if known)					☐ Check if this is an amended filing
Official E	orm 106C				
	<del></del> ,				
Scheau	ie C: The Pro	operty You	ı Claim as Ex	empt	4/16
property you liste	ed on <i>Schedule A/B: Prope</i>	erty (Official Form 106A	/B) as your source, list the p	roperty that you claim as	plying correct information. Using the sexempt. If more space is needed, fill , write your name and case number (if
specific dollar a applicable statu funds—may be	amount as exempt. Alterr utory limit. Some exempt unlimited in dollar amou dollar amount and the val	natively, you may clai ions—such as those ınt. However, if you c	im the full fair market valu for health aids, rights to r laim an exemption of 100%	e of the property being eceive certain benefits % of fair market value u	ne way of doing so is to state a g exempted up to the amount of any s, and tax-exempt retirement under a law that limits the exemption tion would be limited to the
Part 1: Iden	tify the Property You Cla	im as Exempt			
1. Which set	of exemptions are you cl	aiming? Check one or	nly, even if your spouse is fi	ling with you.	
■ You are o	claiming state and federal r	nonbankruptcy exemption	ons. 11 U.S.C. § 522(b)(3)		
□ Vou oro d	alaimina fadaral avamatians	. 44 I I C C S E00/b\/	(2)		

- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- $2. \ \ \textbf{For any property you list on } \textit{Schedule A/B} \textbf{ that you claim as exempt, fill in the information below.}$

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Check only one box for each exemption.	
491 Gansevoort Blvd	\$395,000.00	<b>-</b>	N.Y. Civ. Prac. Law and Rules § 5206(a)
Staten Island NY, 10314-5256 Line from Schedule A/B 1.1		■ 100% of fair market value, up to any applicable statutory limit	3 5200(a)
furniture Line from Schedule A/B 6.1	\$1,000.00		N.Y. Civ. Prac. Law and Rules
Line from Scriedule A/B. <b>6. i</b>		■ 100% of fair market value, up to any applicable statutory limit	§ 5205(a)(5)
clothes Line from Schedule A/B 11.1	\$200.00	<b>-</b>	N.Y. Civ. Prac. Law and Rules
Line from Schedule A/B: 11.1		■ 100% of fair market value, up to any applicable statutory limit	§ 5205(a)(5)
cash	\$50.00		N.Y. Civ. Prac. Law and Rules
Line from Schedule A/B: 16.1		■ 100% of fair market value, up to any applicable statutory limit	§ 5205(a)(9)
NFSB	\$4.00		N.Y. Civ. Prac. Law and Rules
Line from Schedule A/B: 17.1		■ 100% of fair market value, up to any applicable statutory limit	§ 5205(a)(9)

Official Form 106C

	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from		unt of the exemption you claim  k only one box for each exemption.	Specific laws that allow exemption	
		Schedule A/B	Onec	k only one box for each exemption.		
	Santander Line from Schedule A/B: 17.2	\$4.00	□ . ■	100% of fair market value, up to any applicable statutory limit	N.Y. Civ. Prac. Law and Rules § 5205(a)(9)	
	NFSB	\$64,000.00			N.Y. Debt & Cred. Law §	
	Line from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit	282(2)(e)	
3.	Are you claiming a homestead exemption o (Subject to adjustment on 4/01/19 and every 3 y ☐ No					
	Yes. Did you acquire the property covered	by the exemption within	1.215	days before you filed this case?		
	No	-,p	,	22,2 22:2:2 ,22 :::00 0:::000		
	⊔ Yes					

				_	
Fill in this information to identify you	ur case:				
Debtor 1 Loretta M O'Ma	alley				
First Name	Middle Name Last	Name		}	
Debtor 2 (Spouse if, filing) First Name	Middle Name Last	Name			
United States Bankruptcy Court for the	EASTERN DISTRICT OF NEW YORK	K, BROOKI	LYN DIVISION		
Case number					
(if known)				☐ Check	if this is an
				amend	ed filing
Official Form 106D					
Schedule D: Creditors	s Who Have Claims Sec	cured I	oy Property	У	12/15
Be as complete and accurate as possible.	If two married people are filing together, both	n are equally	y responsible for sup	plying correct informati	on. If more space is
needed, copy the Additional Page, fill it ou known).	ut, number the entries, and attach it to this for	m. On the to	op of any additional	pages, write your name	and case number (if
Do any creditors have claims secured b	ay your property?				
		oc Vou boy	o nothing also to ro	port on this form	
_	his form to the court with your other schedul	es. Tou nav	e nothing else to rep	port on this form.	
Yes. Fill in all of the information be	pelow.				
Part 1: List All Secured Claims			0.1	0.1	0.1.0
	more than one secured claim, list the creditor se		Column A	Column B	Column C
much as possible, list the claims in alphabet	s a particular claim, list the other creditors in Partical order according to the creditor 's name.	t 2. As	Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
	-		value of collateral.	claim	If any
2.1 Nisssan- Infiniti It  Creditor's Name	Describe the property that secures the clair	im:	\$3,000.00	\$0.00	\$3,000.00
Creditor's Name	leased vehicle				
8900 Freeport Pkwy	As of the date you file, the claim is: Check a apply.	III that			
Irving, TX 75063-2409	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	An agreement you made (such as mortgage	ge or secure	d		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's	s lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)				
community debt					
Date debt was incurred	Last 4 digits of account number				
			<b>*</b> 4 <b>-</b> 2 <b>*</b> -4 <b>*</b> 2	4005 000 00	40.00
2.2 Santander Bank NA Creditor's Name	Describe the property that secures the claim		\$170,374.00	\$395,000.00	\$0.00
Creditor's Iname	491 Gansevoort Blvd, Staten Isla NY 10314-5256	ına,			
	residence				
1130 Berkshire Blvd	As of the date you file, the claim is: Check a	III that			
Wyomissing, PA 19610-1242	apply.  Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
Debtor 1 only	☐ An agreement you made (such as mortgage	ge or secure	d		
☐ Debtor 2 only	car loan)				
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	s lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim relates to a	Other (including a right to offset)				
community debt					
Date debt was incurred 1989-06	Last 4 digits of account number	8328			

Official Form 106D

Debtor 1 Loretta M O'Malley		Case number (if know)		
First Name Middle N	ame Last Name			
2.3 Santander Bank NA	Describe the property that secures the claim:	\$57,827.00	\$395,000.00	\$0.00
Creditor's Name	491 Gansevoort Blvd, Staten Island, NY 10314-5256			
865 Brook St Rocky Hill, CT 06067-3444	residence As of the date you file, the claim is: Check all that apply.  □ Contingent			
Number, Street, City, State & Zip Code	Unliquidated			
Who owes the debt? Check one.	Disputed  Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or secar loan)	ecured		
☐ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred 2006-12	Last 4 digits of account number 8543			
Add the dollar value of your entries in Col	umn A on this page. Write that number here:	\$231,201.0	0	
If this is the last page of your form, add th Write that number here:	. 0	\$231,201.0	<del>-</del>	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	in this inforn	nation to identify your o	case:					
De	btor 1	Loretta M O'Malle	ev					
		First Name	Middle N	lame	Last Name		<del>-</del> }	
	btor 2 buse if, filing)	First Name	Middle N	ama	Last Name			
(Spt	Juse II, IIIIIIg)	i iist ivailie					j	
Uni	ited States Ba	nkruptcy Court for the:	EASTERN I	DISTRICT OF NE	EW YORK, BRC	OKLYN DIVISION	_	
Ca	se number						ĺ	
	nown)			_				Check if this is an
							a	mended filing
∩f	ficial Forn	0.106E/E						
			lha Hava	Unaccura	d Claima			10/15
		F: Creditors W					NONDONORITY	12/15
Scho D: C the ( case	edule G: Execu reditors Who H Continuation Pa e number (if kno	-	ired Leases (Of roperty. If more ve no informati	ficial Form 106G). space is needed, on to report in a P	Do not include a copy the Part yo	any creditors with part u need, fill it out, num	ially secured claims to ber the entries in the	that are listed in Schedule boxes on the left. Attach
		II of Your PRIORITY Un						
1.	_ ′	ors have priority unsecure	d claims agains	st you?				
	No. Go to P	art 2.						
	☐ Yes.							
		II of Your NONPRIORIT						
3.	Do any credito	ors have nonpriority unsec	cured claims ag	ainst you?				
	☐ No. You hav	ve nothing to report in this pa	art. Submit this t	orm to the court wit	th your other sche	dules.		
	Yes.							
4.	unsecured clair	nonpriority unsecured cla m, list the creditor separately or holds a particular claim, li	y for each claim.	For each claim list	ed, identify what t	pe of claim it is. Do not	list claims already incl	uded in Part 1. If more
								Total claim
4.1	7 1111-071	0 5 1 1		Last 4 digits of a	ccount number	0023		\$2,620.00
		y Creditor's Name condence		When was the de	ebt incurred?	2002-11		
		981540						-
		, TX 79998-1540						
		treet City State Zlp Code rred the debt? Check one.		As of the date yo	ou file, the claim	s: Check all that apply		
	_							
	■ Debtor	•		Contingent				
	☐ Debtor	•		☐ Unliquidated				
		1 and Debtor 2 only		☐ Disputed  Type of NONPRIC	OPITY unsecure	d claim:		
				☐ Student loans		d Claim.		
	☐ Check  debt	if this claim is for a com	nunity			ration agreement or div	orce that you did not	
	Is the clai	m subject to offset?		report as priority of		aon agroomont or alv	o.oo mat you did not	
	■ No			Debts to pensi	ion or profit-sharin	g plans, and other simil	ar debts	
	☐ Yes			Other. Specify				_

Debte	or 1 O'Malley, Loretta M		Case number (if know)	
4.2	Bank of America Nonpriority Creditor's Name	Last 4 digits of account number	8741	\$7,741.00
	NC4-105-03-14 PO Box 26012	When was the debt incurred?	2000-05	
	Greensboro, NC 27420-6012  Number Street City State Zlp Code	As of the data you file the plains	e. Charle all that apply	
	Who incurred the debt? Check one.	As of the date you file, the claim	<b>5.</b> Спеск ан ты арру	
	Debtor 1 only			
		Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
	Capital One/Neiman			
4.3	Marcus/Bergdorf Goodm Nonpriority Creditor's Name	Last 4 digits of account number	8174	\$400.00
	Nonpriority Oreator 3 Name	When was the debt incurred?	2004-11	
	PO Box 729080 Dallas, TX 75372-9080			
	Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
		☐ Student loans		
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharin		
	□Yes	_		
	Li Yes	Other. Specify		
4.4	Citibank/the Home Depot	Last 4 digits of account number	8152	\$1,332.00
	Nonpriority Creditor's Name Citicorp Cr Srvs/Centralized	When was the debt incurred?	2007-08	
	Bankruptcy			
	PO Box 790040S			
	Louis, MO 63129  Number Street City State Zlp Code	As of the date you file, the claim	s. Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the slaim	3. Oncor all that apply	
	■ Debtor 1 only	Пол		
		Contingent		
	☐ Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	a plane and other similar data-	
	■ No	Debts to pension or profit-sharing	g pians, and other similar debts	
	Yes	Other. Specify		

Debto	or 1 O'Malley, Loretta M		Case number (f know)	
4.5	Nordstrom Fsb	Last 4 digits of account number	7750	\$3,797.00
	Nonpriority Creditor's Name Correspondence PO Box 6555	When was the debt incurred?	2001-07	
	Englewood, CO 80155-6555  Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify	_	
4.6	Sears/Cbna Nonpriority Creditor's Name	Last 4 digits of account number	6451	\$12,367.00
	Nonpholity Creditor's Name	When was the debt incurred?	2001-05	
	PO Box 6282 Sioux Falls, SD 57117-6282			
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharin	g plans, and other similar debts	
	Yes	Other. Specify		
4.7	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	5514	\$944.00
	Nonpriority Orealtors Name	When was the debt incurred?	2016-05	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify		

Debto	r 1 O'Malley, Loretta M		Case number (f know)	
4.8	Synchrony Bank Nonpriority Creditor's Name	Last 4 digits of account number	8154	\$1,335.00
	c/o Portfolio Recovery PO Box 41067	When was the debt incurred?		
	Norfolk, VA 23541-1067			
	Number Street City State Zlp Code  Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only			
	_	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	d alabar	
	At least one of the debtors and another	Type of NONPRIORITY unsecure  ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt	_		
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	<u>_</u>		
	La res	Utner. Specify		
4.9	TD Bank	Last 4 digits of account number	2183	\$6,173.86
	Nonpriority Creditor's Name	When was the debt incurred?	September 1999	
	1701 Marlton Pike E		<u>coptember 1000</u>	
	Cherry Hill, NJ 08003-2390	_		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	$\square$ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	Debts to pension or profit-sharing		
	Yes	Other. Specify		
$\overline{}$				
4.10	Tnb-Visa (TV) / Target Nonpriority Creditor's Name	Last 4 digits of account number	2183	\$6,173.00
	C/O Financial & Retail Services	When was the debt incurred?	1999-09	
	Mailstop			
	PO Box 9475			
	Minneapolis, MN 55440-9475  Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	no or the date you me, the claim	or oncor all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
		Student loans	<del></del>	
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	action agreement of divolce that you did 110t	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify		
		= = = = = = = = = = = = = = = = = =		

Debtor 1 O'Malley, Loretta M			Case number (f know)			
4.11	Visa Dept Store National Bank Nonpriority Creditor's Name	Last 4 digits of account number	4060	\$1,957.00		
	Attn: Bankruptcy PO Box 8053	When was the debt incurred?	2005-06			
-	Mason, OH 45040-8053  Number Street City State Zlp Code	 As of the date you file, the claim	is: Check all that apply			
	Who incurred the debt? Check one.	As of the date you me, the claim	is. Oneon all that apply			
	■ Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:			
	☐ Check if this claim is for a community	Student loans				
	debt	Obligations arising out of a sep	aration agreement or divorce that you d	id not		
	Is the claim subject to offset?	report as priority claims				
	No	Debts to pension or profit-shari	ng plans, and other similar debts			
	Yes	Other. Specify				
Part 3:	List Others to Be Notified About a De	bt That You Already Listed				
is tryir have n	is page only if you have others to be notified ng to collect from you for a debt you owe to s nore than one creditor for any of the debts th d for any debts in Parts 1 or 2, do not fill out	omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add	Parts 1 or 2, then list the collection	agency here. Similarly, if you		
_	nd Address	On which entry in Part 1 or Part 2 did yo				
Amex PO Bo	x 297871		Part 1: Creditors with Priority Unsecu			
	auderdale, FL 33329-7871		Part 2: Creditors with Nonpriority Uns	secured Claims		
		Last 4 digits of account number	0023			
Name an	nd Address Amer	On which entry in Part 1 or Part 2 did yo Line <b>4.2</b> of ( <i>Check one</i> ):	u list the original creditor? ☐ Part 1: Creditors with Priority Unsecu	red Claims		
	x 982238		Part 2: Creditors with Nonpriority Uns			
El Pas	o, TX 79998-2238		•	Secured Glaims		
		Last 4 digits of account number	8741 			
Name an	nd Address neimn	On which entry in Part 1 or Part 2 did yo Line <b>4.3</b> of ( <i>Check one</i> ):	u list the original creditor? $\Box$ Part 1: Creditors with Priority Unsecu	red Claims		
	N Riverwoods Blvd	ı	Part 2: Creditors with Nonpriority Uns	secured Claims		
Mettav	va, IL 60045-3440	Last 4 digits of account number	8174			
Nome on	nd Address	On which enters in Dort 1 or Dort 2 did so	. List the evisional exaction?			
Dsnb I		On which entry in Part 1 or Part 2 did yo Line <b>4.11</b> of ( <i>Check one</i> ):	Part 1: Creditors with Priority Unsecu	red Claims		
9111 🛭	Duke Blvd		Part 2: Creditors with Nonpriority Uns			
Masor	ı, OH 45040-8999	Last 4 digits of account number	4060			
Name ar	nd Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?			
	trom/td		Part 1: Creditors with Priority Unsecu	red Claims		
	E Caley Ave	I	Part 2: Creditors with Nonpriority Uns	secured Claims		
Engle	wood, CO 80111-6504	Last 4 digits of account number	7750			
Name ar	nd Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?			
Portfo	lio Recovery Ass		☐ Part 1: Creditors with Priority Unsecu	red Claims		
	dependence Blvd	ı	Part 2: Creditors with Nonpriority Uns	secured Claims		
virgini	ia Beach, VA 23462-2962	Last 4 digits of account number	5514			
Name ar	nd Address	On which entry in Part 1 or Part 2 did yo	u list the original creditor?			
	nk USA/Targetcred		Part 1: Creditors with Priority Unsecu	red Claims		
PO Bo	x 673 apolis, MN 55440-0673	I	Part 2: Creditors with Nonpriority Uns	secured Claims		
willing	upons, mit 55440-0075	Last 4 digits of account number	2183			

Debtor 1 O'Malley, Loretta M		Case number (f know)
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?
Thd/Cbna	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
PO Box 6497 Sioux Falls, SD 57117-6497		■ Part 2: Creditors with Nonpriority Unsecured Claims
Cloux rune, CD Critic Clor	Last 4 digits of account number	8152

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that		
HOIH Fait 2	og.	you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 44,839.86
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 44,839.86

Fill in this information to identify your case:						
Debtor 1	Loretta M O'Malle	ey				
	First Name	Middle Name	Last Name		)	
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK, BROOKLYN DIV	/ISION		
Case number						Check if this is an
						amended filing

## Official Form 106G

# Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

F	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for	
2.1	Nissan Dallas, TX 75266	leased vehicle	

FIII IN TN	in information to identify				
D . l. ( 4	is information to identify				
Debtor 1	Loretta M C	D'Malley  Middle Name	Last Name		
Debtor 2					
(Spouse if,	filing) First Name	Middle Name	Last Name		
United S	tates Bankruptcy Court fo	or the: EASTERN DISTRICT C	OF NEW YORK, BROOK	LYN DIVISION	
Case nui	mber				Charletter in a
(II KIIOWII)					☐ Check if this is an amended filing
	- L F 400LL				· ·
	al Form 106H	<b>0</b>			
<u>sche</u>	dule H: Your (	Codebtors			12/15
		rs? (If you are filing a joint case, d	o not list either spouse as	s a codebtor.	
		ve you lived in a community pro levada, New Mexico, Puerto Rico			states and territories include Arizona,
	o. Go to line 3. es. Did your spouse, forme				
		er spouse, or legal equivalent live v	vith you at the time?		
line 1060	2 again as a codebtor or	codebtors. Do not include your	spouse as a codebtor i or cosigner. Make sure	you have listed the c	
line 1060	2 again as a codebtor or D), Schedule E/F (Official	codebtors. Do not include your and if that person is a guarantor I Form 106E/F), or Schedule G (	spouse as a codebtor i or cosigner. Make sure	e you have listed the ci e Schedule D, Schedu	reditor on Schedule D (Official Forn le E/F, or Schedule G to fill out editor to whom you owe the debt
line 106E Colu	2 again as a codebtor or D), Schedule E/F (Official umn 2.  Column 1: Your codebt	codebtors. Do not include your and if that person is a guarantor I Form 106E/F), or Schedule G (	spouse as a codebtor i or cosigner. Make sure	e you have listed the ciee Schedule D, Schedule Column 2: The cre	reditor on Schedule D (Official Form le E/F, or Schedule G to fill out editor to whom you owe the debt es that apply:
line 1060	2 again as a codebtor or D), Schedule E/F (Official umn 2.  Column 1: Your codebt	codebtors. Do not include your and if that person is a guarantor I Form 106E/F), or Schedule G (	spouse as a codebtor i or cosigner. Make sure	Column 2: The cre Check all schedule	reditor on Schedule D (Official Form le E/F, or Schedule G to fill out editor to whom you owe the debt es that apply:
line 106E Colu	2 again as a codebtor or D), Schedule E/F (Official Jumn 2.  Column 1: Your codebt Name, Number, Street, City, St	codebtors. Do not include your and if that person is a guarantor I Form 106E/F), or Schedule G (	spouse as a codebtor i or cosigner. Make sure	Column 2: The cre Check all schedule D, lin	reditor on Schedule D (Official Form le E/F, or Schedule G to fill out editor to whom you owe the debt es that apply:  e
line 106E Colu	2 again as a codebtor or D), Schedule E/F (Official Jumn 2.  Column 1: Your codebt Name, Number, Street, City, St	codebtors. Do not include your and if that person is a guarantor I Form 106E/F), or Schedule G (	spouse as a codebtor i or cosigner. Make sure	Column 2: The cre Check all schedule D, lin Schedule D, lin Schedule E/F,	reditor on Schedule D (Official Formule E/F, or Schedule G to fill out editor to whom you owe the debt es that apply:  e
line 106E Colu	2 again as a codebtor or D), Schedule E/F (Official Jumn 2.  Column 1: Your codebt Name, Number, Street, City, St  Name  Number Street	codebtors. Do not include your analy if that person is a guarantor I Form 106E/F), or Schedule G (cortain and ZIP Code	spouse as a codebtor i or cosigner. Make sure Official Form 106G). Us	Column 2: The cre Check all schedule D, lin Schedule D, lin Schedule E/F,	reditor on Schedule D (Official Form le E/F, or Schedule G to fill out editor to whom you owe the debt es that apply:  e ine
3.1	2 again as a codebtor or D), Schedule E/F (Official Jumn 2.  Column 1: Your codebt Name, Number, Street, City, St  Name  Number Street	codebtors. Do not include your analy if that person is a guarantor I Form 106E/F), or Schedule G (cortain and ZIP Code	spouse as a codebtor i or cosigner. Make sure Official Form 106G). Us	Column 2: The cre Check all schedule D, lin Schedule D, lin Schedule D, lin Schedule E/F, Schedule G, lin	reditor on Schedule D (Official Formule E/F, or Schedule G to fill out reditor to whom you owe the debt rest that apply:  e  ine  e  e  ine

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Fill	in this information to	identify your cas	se:								
Del	otor 1	Loretta M O'l	Malley			_					
_	otor 2 buse, if filing)					_					
Uni	ted States Bankrupt	cy Court for the:	EASTERN DISTRICT DIVISION	OF NEW YORK,	BROOKLYN						
	se number nown)			-			□ A		ed filing	g postpetition o	chapter 13
0	fficial Form	1061					_	IM / DD/ Y		mig dato.	
S	chedule I: \	Your Inco	me					, 55, 1			12/15
spo atta	use. If you are sepa ch a separate sheet	arated and your at to this form. Or Employment	re married and not filin spouse is not filing wit n the top of any additio	h you, do not inc	lude informa	atior	about y	our spou	se. If more	e space is ne	eded,
1.	information.	yment		Debtor 1				Debtor 2	2 or non-fi	iling spouse	
	If you have more the attach a separate p		Employment status	■ Employed				■ Empl	oyed		
	information about employers.	•		☐ Not employe	ed			☐ Not e	mployed		
	Include part-time,	seasonal or	Occupation	branch mgr							
	self-employed work		Employer's name	Northfield ba	ank						
	Occupation may ir homemaker, if it ap		Employer's address	581 Main St Woodbridge	, NJ 07095	-114	18				
			How long employed th	nere?							
Par	rt 2: Give Det	ails About Mont	hly Income								
	mate monthly incorses you are separated		e you file this form. If y	ou have nothing to	report for any	y line	, write \$0	in the spa	ace. Includ	le your non-filir	ng spouse
	u or your non-filing spee, attach a separate		than one employer, comb ı.	oine the information	n for all emplo	oyers	for that p	oerson on	the lines b	elow. If you ne	ed more
							For Deb	otor 1		btor 2 or ing spouse	
2.			, and commissions (be culate what the monthly		2.	\$	5,	000.30	\$	0.00	
3.	Estimate and list	monthly overtin	ne pay.		3.	+\$		0.00	+\$	0.00	
4.	Calculate gross I	ncome. Add line	2 + line 3.		4.	\$	5,00	00.30	\$	0.00	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	O'Malley, Loretta M	_	Cas	e number (if known)			
	Cor	by line 4 here	4.	Fo	5,000.30		ebtor 2 or ling spouse 0.00	
_	·		••	Ψ-	3,000.30	<b>—</b>	0.00	
5.		all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$_	1,307.72	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$_	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$_	1,083.33	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
	5e.	Insurance	5e.	\$_	99.78	\$	0.00	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g.	Union dues	5g.	\$	0.00		0.00	
	5h.	Other deductions. Specify:	5h	· -	0.00		0.00	
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$ -	2,490.83	\$	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,509.47	\$	0.00	
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	2,300.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	— 8g.	\$	0.00	\$	1,907.00	
	8h.	Other monthly income. Specify:	8h	+ \$	0.00	+ \$	0.00	
9.	Ado	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.00	\$	4,207.00	
10	Cal	culate monthly income. Add line 7 u line 0	10. \$		2,509.47 + \$	4 20	7.00 = \$ 6,	746 47
10.		culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. 5		2,509.47	4,20	7.00 = \$ _6,	716.47
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your dear friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not avacify:	epender		,		∍ <i>J</i> . 11. +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain					12. \$ <b>6,</b> Combined	716.47
46	_		•				monthly in	
13.	■ Do	you expect an increase or decrease within the year after you file this form' No.	7					
		Yes. Explain:						

Official Form 106I Schedule I: Your Income page 2

Fill	in this information to identify you	ır case:				
Deb	tor 1 Loretta M O'N	Mallev		Check	if this is:	
					An amended filing	
	tor 2 buse, if filing)				A supplement show expenses as of the	ing postpetition chapter 13
(Opt	ouse, ir ming)			_	Apenses as of the	
Unit	ed States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YO BROOKLYN DIVISION	DRK,	N	MM / DD / YYYY	
	e number nown)					
Of	fficial Form 106J					
S	chedule J: Your E	xpenses				12/15
info	ormation. If more space is need known). Answer every question					
1.	Is this a joint case?					
	■ No. Go to line 2. □ Yes. <b>Does Debtor 2 live in</b>	a separate household?				
	☐ No ☐ Yes. Debtor 2 must	file Official Form 106J-2, Expenses for	or Separate Househ	oldof Debtor	2.	
2.	Do you have dependents?	■ No				
	Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relation		Dependent's age	Does dependent live with you?
	Do not state the					□ No
	dependents names.					☐ Yes
						□ No
						☐ Yes
						□ No
						☐ Yes
						□ No
^	Da veren armanaaa in aleeda	<u>_</u>				☐ Yes
3.	Do your expenses include expenses of people other that yourself and your dependent	ts? LI Yes				
Est exp		g Monthly Expenses Ir bankruptcy filing date unless yo nkruptcy is filed. If this is a supple				
valu		on-cash government assistance if y e included it on Schedule I: Your II			Your expo	enses
4.	The rental or home ownershi payments and any rent for the g	p expenses for your residence. Inc ground or lot.	clude first mortgage	4. \$		1,938.00
	If not included in line 4:					
	4a. Real estate taxes			4a. \$		0.00
	4b. Property, homeowner's, o	or renter's insurance		4b. \$	-	0.00
		air, and upkeep expenses		4c. \$		100.00
_	4d. Homeowner's associatio			4d. \$		0.00
5.	Additional mortgage paymen	its for your residence, such as hom	e equity loans	5. \$		650.00

Deb	tor 1	O'Malley, Loretta M	ase num	ber (if known)	
6.	Utilit	ies:			
	6a.	Electricity, heat, natural gas	6a.	\$	450.00
	6b.	Water, sewer, garbage collection	6b.	\$	125.00
	6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	500.00
	6d.	Other. Specify:	6d.	\$	0.00
7.	Food	and housekeeping supplies	7.	\$	1,000.00
8.	Child	Icare and children's education costs	8.	\$	0.00
9.	Cloti	ning, laundry, and dry cleaning	9.	\$	300.00
10.	Pers	onal care products and services	10.	\$	0.00
11.	Medi	cal and dental expenses	11.	\$	100.00
12.	Tran	sportation. Include gas, maintenance, bus or train fare.			050.00
		ot include car payments.	12.		250.00
		rtainment, clubs, recreation, newspapers, magazines, and books	13.	· <u> </u>	100.00
		itable contributions and religious donations	14.	\$	80.00
15.		rance.			
		ot include insurance deducted from your pay or included in lines 4 or 20.  Life insurance	15a.	\$	184.62
		Health insurance	15b.		
		Vehicle insurance	15b.	·	400.00
		Other insurance. Specify:	15d.		257.00
16		s. Do not include taxes deducted from your pay or included in lines 4 or 20.	- 13u.	Ψ	0.00
	Spec		_ 16.	\$	0.00
17.		Car payments for Vehicle 1	17a.	\$	550.00
		Car payments for Vehicle 2	17b.	·	0.00
		Other. Specify:	17c.	·	0.00
		Other. Specify:	- 17d.	·	0.00
1Ω		payments of alimony, maintenance, and support that you did not report as	- 17 u.	Ψ	0.00
10.		icted from your pay on line 5, Schedule I, Your Income (Official Form 1061).	18.	\$	0.00
19.		r payments you make to support others who do not live with you.		\$	0.00
	Spec	ify:	19.	·	
20.		r real property expenses not included in lines 4 or 5 of this form or on Schedule			
		Mortgages on other property	20a.	·	0.00
		Real estate taxes	20b.		0.00
	20c.	Property, homeowner's, or renter's insurance	20c.	·	0.00
		Maintenance, repair, and upkeep expenses	20d.	·	0.00
		Homeowner's association or condominium dues	20e.		0.00
21.	Othe	r: Specify:	21.	+\$	0.00
22.	Calc	ulate your monthly expenses			
		Add lines 4 through 21.		\$	6,984.62
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
		Add line 22a and 22b. The result is your monthly expenses.		\$	6,984.62
23	Calc	ulate your monthly net income.			,
۷۵.		Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	6,716.47
		Copy your monthly expenses from line 22c above.	23b.	·	6,984.62
	<b>230.</b>	oopy your monthly expenses normine 220 above.	۷۵۵.		0,304.02
	23c.	Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c.	\$	-268.15
24.	For e				ease or decrease because of a
	ЦY	≾s. [⊑xpiaiii neie.			

Fill in this infor	rmation to identify your	case:				
Debtor 1	Loretta M O'Mallo	<b>€y</b> Middle Name	Las	Name	\	
Debtor 2					ĺ	
(Spouse if, filing)	First Name	Middle Name	Las	Name		
United States B	ankruptcy Court for the:	EASTERN DISTRICT (	OF NEW YOR	K, BROOKLYN DIVISIOI	N	
Case number						
(if known)						☐ Check if this is an
						amended filing
If two married p You must file th obtaining mone	tion About a recople are filing together his form whenever you fill by or property by fraud in 18 U.S.C. §§ 152, 1341, 15	, both are equally respon the bankruptcy schedules to connection with a bank	nsible for sup	oplying correct informat schedules. Making a fa	ion. Ise statement, co	
Sig	gn Below					
Did you pa	ay or agree to pay some	one who is NOT an attor	ney to help y	ou fill out bankruptcy fo	orms?	
■ No						
☐ Yes.	Name of person					Petition Preparer's Notice, gnature (Official Form 119)
that they a	alty of perjury, I declare re true and correct.	that I have read the sum	·		,	g. sa.c. (
	retta M O'Malley		X	Cignoture of Dahter 2		
	ta M O'Malley ure of Debtor 1			Signature of Debtor 2		
Date	October 17, 2016			Date		

Fill	in this inform	ation to identify your case	e:				
Deb		Loretta M O'Malley					
		First Name	Middle Name	Last Name			
1	tor 2 use if, filing)	First Name	Middle Name	Last Name			
Unite	ed States Ban	kruptcy Court for the: E	ASTERN DISTRICT OF	NEW YORK, BROOKLYN DIVISION			
(if kno	e number					Check if	this is an
						amende	d filing
Off	icial For	m 106Sum					
Sur	mmary o	Your Assets an	d Liabilities and	l Certain Statistical Informati	on	12	/15
infor	mation. Fill o original form	ut all of your schedules fi	rst; then complete the in	efiling together, both are equally responsible formation on this form. If you are filing among the top of this page.			
						Your ass	ots
							vhat you own
1.		3: Property (Official Form				•	205 000 00
	1a. Copy line	55, Total real estate, from	Schedule A/B			\$	395,000.00
	1b. Copy line	62, Total personal property	y, from Schedule A/B			\$	65,258.00
	1c. Copy line	63, Total of all property on	Schedule A/B			\$	460,258.00
Part	2: Summa	rize Your Liabilities					
						Your liab	ilities
						Amount y	
2.		Creditors Who Have Claims				\$	231,201.00
_		•		oottom of the last page of Part 1 of Schedule D	•	Ψ	201,201.00
3.		E: Creditors Who Have Unse total claims from Part 1 (p	,	orm 106E/F) from line 6e <b>&amp;</b> chedule E/F		\$	0.00
	3b. Copy the	total claims from Part 2 (n	onpriority unsecured clair	ms) from line 6j <b>&amp;chedule E/F</b>		\$	44,839.86
		(			_		44,000.00
				Your total liab	ilities \$		276,040.86
Part	3: Summa	rize Your Income and Exp	penses				
4.		our Income(Official Form 1 mbined monthly income from				\$	6,716.47
5.		Your Expenses (Official For onthly expenses from line 22	,			\$	6,984.62
Part	4: Answer	These Questions for Adn	ninistrative and Statistic	cal Records			
6.	-	g for bankruptcy under C have nothing to report on th	•	this box and submit this form to the court with y	our other	schedules	S.
7.	■ Yes What kind o	debt do you have?					
	■ Your de	ebts are primarily consum	er debts. Consumer deb	ots are those "incurred by an individual primarily	for a nerse	onal, family	v. or household
				Il purposes. 28 U.S.C§ 159.	. J. a poist	ria, rairill	,, or modernou

Official Form 106Sum

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the

court with your other schedules.

Debtor 1 **O'Malley, Loretta M** Case number (if known)

8. **From the** Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	<b>Total claim</b>	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Eil	l in this info	rmation to identify you	r case.			
De	ebtor 1	Loretta M O'Mal First Name	Middle Name	Last Name		
1 -	ebtor 2 oouse if, filing)	First Name	Middle Name	Last Name		
`		ankruptcy Court for the:		NEW YORK, BROOKLYN D	IVISION	
	illed States B	ankruptcy Court for the.	EASTERN DISTRICT OF	NEW TORK, BROOKETN D	TVISION	
	ase number known)				-	Check if this is an amended filing
Of	fficial Fo	orm 107				
St	atemen	t of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/1
info	ormation. If				qually responsible for supply additional pages, write your	
Pa	rt 1: Give	Details About Your Ma	arital Status and Where You	Lived Before		
1.	What is yo	ur current marital statu	s?			
	☐ Marrie	-				
	□ Not m	arried				
2.	During the	last 3 years, have you	lived anywhere other than w	where you live now?		
	■ No □ Yes. L	ist all of the places you liv	ved in the last 3 years. Do not i	nclude where you live now.		
	Debtor 1 F	Prior Address:	Dates Debtor 1 there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. stat	tes and territo	<i>rie</i> s include Arizona, Cal		ada, New Mexico, Puerto Rid	y property state or territory? o, Texas, Washington and Wi	
Pa	rt 2 Expl	ain the Sources of You	r Income			
4.	Fill in the to	tal amount of income yo	nployment or from operating u received from all jobs and a nave income that you receive to	II businesses, including part-		lar years?
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
the date you tiled for hankriintey:			■ Wages, commissions, bonuses, tips	\$55,363.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
	or last calend anuary 1 to D	lar year: December 31, 2015 )	■ Wages, commissions, bonuses, tips	\$63,696.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	
Offic	cial Form 107		Statement of Financial Aff	page		

Del	otor 1 <u>O'</u>	Malley, Lo	oretta M			Case number (if known	)	
			Debtor	1		Debtor 2		
				s of income all that apply.	Gross income (before deductions ar exclusions)	Sources of in Check all that		Gross income (before deductions and exclusions)
5.	Include incother publ	come regard ic benefit pa	less of whether that inco yments; pensions; renta	ome is taxable. Exar I income; interest; d	previous calendar yean ples of other income are ividends; money collected ogether, list it only once ur	alimony; child support from lawsuits; royaltie		
	List each	source and t	he gross income from ea	ach source separate	ely. Do not include income	that you listed in line	4.	
	■ No							
	_	Fill in the de	etails.					
			Debtor	1		Debtor 2		
			Source: Describe	s of income e below.	Gross income from each source (before deductions ar exclusions)	Sources of in Describe belowed		Gross income (before deductions and exclusions)
Pai	t 3: Lis	t Certain Pa	yments You Made Be	fore You Filed for	Bankruptcy			
6.	□ No.	Neither Deindividual properties of the individual properties of the indiv	90 days before you filed Go to line 7. List below each credit creditor. Do not inclu payments to an attorn to adjustment on 4/01/1 or Debtor 2 or both ha 90 days before you filed Go to line 7. List below each credit payments for domesti this bankruptcy case.	as primarily consumately, or household family, or household of for bankruptcy, did tor to whom you paid be payments for do ey for this bankrupt 9 and every 3 years ove primarily consumately for bankruptcy, did tor to whom you paid for to whom you paid	Imer debts. Consumer depurpose."  I you pay any creditor a total of \$6,425* or more mestic support obligation by case. after that for cases filed commer debts.  I you pay any creditor a total of \$600 or more as s, such as child support as	al of \$6,425* or more? e in one or more payms, such as child suppon or after the date of a all of \$600 or more?  Indeed the total amount yound alimony. Also, do residue to the total amount yound alimony. Also, do residue to the total amount yound alimony.	ents and the tot ort and alimony adjustment. ou paid that cred not include payn	tal amount you paid that r. Also, do not include
	Creditor	5 Name and	a Address	Dates of paying	pai	•	was tills p	ayment for
7.	<ul> <li>Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?         Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.     </li> <li>No</li> <li>Yes. List all payments to an insider.</li> </ul>							
		Name and		Dates of payme	ent Total amour	nt Amount you	Reason for	r this payment
				, ,	pai	•		
8.	insider?		you filed for bankrupt lebts guaranteed or cosi	•	any payments or transf	er any property on a	ccount of a de	bt that benefited an
	☐ Yes.	List all paym	nents to an insider					
	Insider's	Name and	Address	Dates of payme	ent Total amour pai			r this payment ditor's name

Official Form 107

Del	otor 1 O'Malley, Loretta M		Case number (i	f known)		
Pa	rt 4: Identify Legal Actions, Repossession	s, and Foreclosures				
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury cand contract disputes.					
	<ul><li>□ No</li><li>■ Yes. Fill in the details.</li></ul>					
	Case title Case number	Nature of the case	Court or agency	Status of the	Status of the case	
	TD Bank USA NA v. Loretta O'Malley CV 004457-15	collectopns	Civil Court, Richmond County 927 Castleton Ave Staten Island, NY 10310-1810		■ Pending □ On appeal □ Concluded	
10.	<ul> <li>Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?         Check all that apply and fill in the details below.     </li> <li>No. Go to line 11.</li> </ul>					
	<ul> <li>☐ Yes. Fill in the information below.</li> <li>Creditor Name and Address</li> <li>Describe the Property</li> <li>Explain what happened</li> </ul>					Value of the property
11.	<ul> <li>Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?</li> <li>No</li> <li>Yes. Fill in the details.</li> </ul>					
	Creditor Name and Address	Describe the action the	creditor took	Date action was taken	Amount	
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or an ■ No □ Yes		rty in the possession of an as	signee for the benefit	of creditors, a	
Pa	t 5: List Certain Gifts and Contributions					
13.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift.	tcy, did you give any gifts	with a total value of more tha	n \$600 per person?		
	Gifts with a total value of more than \$600 p person  Person to Whom You Gave the Gift and Address:	Describe the gifts		Dates you gave the gifts	Value	
14.	Within 2 years before you filed for bankrupt ■ No □ Yes. Fill in the details for each gift or contr		or contributions with a total v	value of more than \$6	600 to any charity?	
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)		contributed	Dates you contributed	Value	

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Deb	otor 1 O'Malley, Loretta M		Case number (if known)						
	or gambling?								
	■ No								
	Yes. Fill in the details.								
		Describe	e any insurance coverage for the los	SS	Date of your	Value of property			
			he amount that insurance has paid. Lie e claims on line 33 of <i>Schedule A/B: P</i>		loss	lost			
Par	t 7: List Certain Payments or Transfers			,					
	Within 1 year before you filed for bankrupto consulted about seeking bankruptcy or pre Include any attorneys, bankruptcy petition prepare	paring	a bankruptcy petition?			to anyone you			
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		Description and value of any prope transferred	rty	Date payment or transfer was made	Amount of payment			
	Kevin B. Zazzera, Esq. 182 Rose Ave Ste 3 Staten Island, NY 10306-2900		legal fee	\$2,250.0					
	greenpath					\$50.00			
	Within 1 year before you filed for bankrupto promised to help you deal with your credito Do not include any payment or transfer that you	ors or to	o make payments to your creditors?		transfer any property	/ to anyone who			
	Yes. Fill in the details.								
	Person Who Was Paid Address		Description and value of any prope transferred	rty	Date payment or transfer was made	Amount of payment			
18.	Within 2 years before you filed for bankrup	tcv. did	vou sell, trade, or otherwise transfe	er anv prope	erty to anyone, other t	han property			
	transferred in the ordinary course of your businclude both outright transfers and transfers made gifts and transfers that you have already listed on the No Yes. Fill in the details.		s or financial affairs? ecurity (such as the granting of a secu						
	Person Who Received Transfer Address Person's relationship to you				any property or received or debts change	Date transfer was made			
	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro			f-settled tru	st or similar device of	which you are a			
	Yes. Fill in the details.								
	Name of trust		Description and value of the proper	ty transferr	ed	Date Transfer was made			

Debtor 1 O'		O'Malley, Loretta M			Case number (if known)					
Par	t 8:	List of Certain Financial Accounts, Inst	trume	ents, Safe Deposit	Boxes, and Stora	age l	Units			
	sold, include house	n 1 year before you filed for bankruptcy moved, or transferred? le checking, savings, money market, or es, pension funds, cooperatives, associ lo Yes. Fill in the details.	othe	er financial accoun	ts; certificates of					
	Name of Financial Institution and		Last 4 digits of account number Type of account instrument		Int or Date account was closed, sold, moved, or transferred			st balance before osing or transfer		
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?									
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)			Who else had acc Address (Number, S and ZIP Code)		Des	cribe tl	he contents		Do you still have it?
22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?  ■ No □ Yes. Fill in the details.										
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)			Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		cribe tl	ribe the contents		Do you still have it?	
Par	t 9:	Identify Property You Hold or Control f	for S	omeone Else						
23.	some	u hold or control any property that son one. lo 'es. Fill in the details.	neon	e else owns? Inclu	de any property	you	borrov	wed from, are storing fo	or, or	hold in trust for
	_	er's Name ess (Number, Street, City, State and ZIP Code)		Where is the prop (Number, Street, City, Code)		Des	cribe t	he property		Value
Par	t 10:	Give Details About Environmental Info	rmati	ion						
For t	the pu	rpose of Part 10, the following definition	ns ap	oply:						_
	toxic	conmental law means any federal, state, substances, wastes, or material into the billing the cleanup of these substances,	e air,	land, soil, surface						
•		neans any location, facility, or property operate, or utilize it, including disposal		-	nvironmental lav	v, wh	hether	you now own, operate,	or ut	ilize it or used to
		dous material means anything an envir ial, pollutant, contaminant, or similar te		ental law defines a	s a hazardous w	aste	, hazar	dous substance, toxic	subs	tance, hazardous
Repo	ort all	notices, releases, and proceedings that	you	know about, rega	dless of when th	ey o	occurre	ed.		
24.	Has a	ny governmental unit notified you that	you ı	may be liable or po	tentially liable u	nder	or in v	violation of an environr	nenta	I law?
	_	lo ′es. Fill in the details.								
		e of site		Governmental un	it		Enviro	nmental law, if you		Date of notice
		e Of Site  eSS (Number, Street, City, State and ZIP Code)		Address (Number, S ZIP Code)			know it			Date of Hotice

Debte	or 1	O'Malley, Loretta M		Case number (if known)	
5. H	łav	e you notified any governmental unit of	any release of hazardous material?		
ı		No			
[		Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
6. H	łav	e you been a party in any judicial or adr	ministrative proceeding under any enviro	nmental law? Include settlement	s and orders.
ı		No			
		Yes. Fill in the details.			
	-	se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Part	11:	Give Details About Your Business or	Connections to Any Business		
.7. V	Vit	hin 4 years before you filed for bankrupt	cy, did you own a business or have any	of the following connections to a	iny business?
			in a trade, profession, or other activity, e	-	•
		☐ A member of a limited liability comp	pany (LLC) or limited liability partnership	(LLP)	
		☐ A partner in a partnership			
		☐ An officer, director, or managing ex	ecutive of a corporation		
		☐ An owner of at least 5% of the votin	•		
•	_	No. None of the above applies. Go to F			
		siness Name	I in the details below for each business.  Describe the nature of the business	Employer Identification nur	nber
	Ad	dress mber, Street, City, State and ZIP Code)		Do not include Social Secu	
	(ITU	inder, Street, Sity, State and Zir Gode)	Name of accountant or bookkeeper	Dates business existed	
		nin 2 years before you filed for bankrupt itutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? In	clude all financial
ı		No			
		Yes. Fill in the details below.			
		me dress	Date Issued		
		mber, Street, City, State and ZIP Code)			
Part	12:	Sign Below			
rue a bankr 8 U.S	nd up S.C	correct. I understand that making a fals	ancial Affairs and any attachments, and e statement, concealing property, or obta 00, or imprisonment for up to 20 years, o	aining money or property by frau	
Lore	etta	a M O'Malley	Signature of Debtor 2		
Signi Date		re of Debtor 1 October 17, 2016	Date		
	_	•	<del>-</del>		40=10
oid yo ■ No		attacn additional pages to Your Stateme	ent of Financial Affairs for Individuals Fili	ng for Bankruptcy (Official Form	107)?
Ye:					
oid yo		pay or agree to pay someone who is not	t an attorney to help you fill out bankrupt	cy forms?	
		Name of Person Attach the Bankru	ptcy Petition Preparer's Notice, Declaration,	and Signature (Official Form 119).	
Official	Fo	rm 107 Stater	ment of Financial Affairs for Individuals Filing	for Bankruptcy	page (

				_					
Fill i	n this information to identify your case:					ne box only as di	rected in t	his form and	in Form
Deb	tor 1 Loretta M O'Malley			12	22A-1S	upp:			
	tor 2			_	<b>□</b> 1. 7	There is no presu	ımption of	abuse	
	Eastern District of ed States Bankruptcy Court for the:	New Yo	ork, Brook	ilyn		The calculation to applies will be m	ade unde	rChapter 7 M	
Case	e number				_	Calculation (Office		,	
(if kno						The Means Test of military service b			ause of qualified
					□ Cł	neck if this is a	n amend	ed filing	
Off	icial Form 122A - 1								
Ch	apter 7 Statement of Your Cur	rent	Mon	thly Inc	om	е			12/15
sep umb	complete and accurate as possible. If two married people a arate sheet to this form. Include the line number to which the ler (if known). If you believe that you are exempted from a pury service, complete and file Statement of Exemption from the Calculate Your Current Monthly Income	ne addition	onal infor	mation applies. Ise because yo	On the	top of any additi ot have primarily	onal pages consumer o	s, write your n debts or beca	ame and case use of qualifying
1.	What is your marital and filing status? Check one on	ly.							
	Not married. Fill out Column A, lines 2-11.								
	☐ Married and your spouse is filing with you. Fill ou	t both C	columns /	A and B, lines	2-11.				
	■ Married and your spouse is NOT filing with you.	You and	d your sp	oouse are:					
	Living in the same household and are not legal	lly sepa	ırated. Fi	II out both Col	umns A	A and B, lines 2-	11.		
	☐ Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are leg apart for reasons that do not include evading the №	ally sepa	arated un	der nonbankru	iptcy la	w that applies or	_		
10 6	Il in the average monthly income that you received from all 01(10A). For example, if you are filing on September 15, the 6-m months, add the income for all 6 months and divide the total by 6 km the same rental property, put the income from that property in	onth peri 6. Fill in tl	od would he result.	be March 1 thro Do not include a	ugh Aug any inco	gust 31. If the amoune the amount more the	int of your r nan once. F	monthly income or example, if	varied during the
					Colui Debt		Column Debtor 2 non-filir		
2.	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).	and com	nmission	s (before all	\$	5,000.30	\$	0.00	
3.	Alimony and maintenance payments. Do not include   Column B is filled in.	paymen	its from a	spouse if	\$	0.00	\$	0.00	
4.	All amounts from any source which are regularly paid you or your dependents, including child support. from an unmarried partner, members of your household, roommates. Include regular contributions from a spouse Do not include payments you listed on line 3	Include	regular o	contributions	n. \$	0.00	\$	0.00	
5.	Net income from operating a business, profession, o	or farm	5.						
	Once and the third and the transplants of	\$	0.00	tor 1					
	Gross receipts (before all deductions)	-\$	0.00						
	Ordinary and necessary operating expenses  Net monthly income from a business, profession, or farr	· —		Copy here ->	<b>&gt;</b> \$	0.00	\$	0.00	l
6.	Net income from rental and other real property	•		.,					
			Deb	tor 1					j
	Gross receipts (before all deductions)	\$	0.00						
	Ordinary and necessary operating expenses	-\$	0.00	_	•		•		
	Net monthly income from rental or other real property	\$	0.00	Copy here ->	-	0.00	\$	0.00	
7.	Interest, dividends, and royalties				\$	0.00	\$	0.00	

Official Form 122A-1

Case number (if known)

				Column A Debtor 1		Column B Debtor 2 or non-filing sp	oouse
8.	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the amount re Social Security Act. Instead, list it here:	eceived was a benef	it under the	·		·	
	For you\$		0.00				
	For your spouse \$		0.00				
9.	<b>Pension or retirement income.</b> Do not include any amounder the Social Security Act.	ount received that wa	as a benefit	\$	0.00	\$	00.00
10.	Income from all other sources not listed above. Specinot include any benefits received under the Social Securit a victim of a war crime, a crime against humanity, or inter If necessary, list other sources on a separate page and processing the sources of the sou	ty Act or payments r national or domestic	eceived as		0.00	r.	0.00
	•			\$	0.00	\$	0.00
				\$	0.00	\$	0.00
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00
11. Part	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column	al for Column B.	\$	5,000.30	+ \$	2,300.00	Total current monthly income
40		Faller de la constant					
12.	Calculate your current monthly income for the year.						
	12a. Copy your total current monthly income from line 1	1		Сору	line 11 h	ere=>	\$
	Multiply by 12 (the number of months in a year)						<b>x</b> 12
	12b. The result is your annual income for this part of the	form				12b.	\$87,603.60
13.	Calculate the median family income that applies to y	ou. Follow these ste	eps:				
	Fill in the state in which you live.	NY					
	Fill in the number of people in your household.	2					
	Fill in the median family income for your state and size	of household.	_			13.	\$ 62,451.00
	To find a list of applicable median income amounts, go form. This list may also be available at the bankruptcy of	online using the link		the separate	e instruction		
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. Or Go to Part 3.	n the top of page 1,	check box	1T,here is no p	resumptic	n of abuse.	
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	of page 1, check box	( 2Ţhe presu	ımption of abı	use is dete	ermined by For	m 122A-2.
Part	3: Sign Below						
	By signing here, I declare under penalty of perjury the	nat the information o	n this staten	nent and in ar	y attachm	ents is true and	d correct.
	X /s/ Loretta M O'Malley						
	Loretta M O'Malley Signature of Debtor 1						
	Date October 17, 2016						
	MM / DD / YYYY						
	If you checked line 14a, do NOT fill out or file Form	n 122A-2.					
	If you checked line 14b, fill out Form 122A-2 and fi	le it with this form.					

O'Malley, Loretta M

Debtor 1

Fill in this information to identify your case:	Check the appropriate box as directed in				
Debtor 1 Loretta M O'Malley	lines 40 or 42:				
Debtor 2 (Spouse, if filing)	According to the calculations required by this Statement:				
United States Bankruptcy Court for the:  Eastern District of New York, Brooklyn Division	■ 1. There is no presumption of abuse.				
Case number(if known)	☐ 2. There is a presumption of abuse.				
	☐ Check if this is an amended filing				
Official Form 122A - 2					
Chapter 7 Means Test Calculation	04/16				
Be as complete and accurate as possible. If two married people are filing toge is needed, attach a separate sheet to this form, Include the line number to whi write your name and case number (if known).  Part 1: Determine Your Adjusted Income					
Copy your total current monthly income.     Copy line 11 f	from Official Form 122A-1 here=> \$ 7,300.30				
2. Did you fill out Column B in Part 1 of Form 122A-1?  \[ \sum \text{No.} \] Fill in \$0 for the total on line 3.					
■ Yes. Is your spouse Filing with you?					
■ No. Go to line 3.					
☐ Yes. Fill in \$0 the total on line 3.					
Adjust your current monthly income by subtracting any part of your spondousehold expenses of you or your dependents. Follow these steps:  On line 11, Column B of Form 122A-1, was any amount of the income you reply you or your dependents?					
■ No. Fill in 0 for the total on line 3.  ☐ Yes. Fill in the information below:					
State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt or to support other than you or your dependents.	Fill in the amount you are subtracting from your spouse's income				
	\$				
	\$				
	· · · · <del></del>				
	. \$				
Total.	\$				
	Copy total here=> \$0.00				
4. Adjust your current monthly income. Subtract line 3 from line 1.	\$ <u>7,300.30</u>				

Official Form 122A-2

Case number (if known)

ans		nd Local Standards for certain expense amounts. Use these amounts to andards, go online using the link specified in the separate instructions at the bankruptcy clerk's office.				
actu		ess of your actual expense. In later parts of the form, you will use some of your not deduct any amounts that you subtracted fro your spouse's income in line 3 cted from in income in lines 5 and 6 of form 122A-1.				
If yo	our expenses differ from month to month, enter the aver	rage expense.				
Wh	nenever this part of the from refers to you, it means both	h you and your spouse if Column B of Form 122A-1 is filled in.				
5.	The number of people used in determining your	deductions from income				
	Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.  2 Living 0 Housing					
Nat	tional Standards You must use the IRS Nat	tional Standards to answer the questions in lines 6-7.				
6						
<ol> <li>7.</li> </ol>	Out-of-pocket health care allowance: Using the nut the dollar amount for out-of-pocket health care. The number of people who are 65 or olderbecause older people have	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and ve a higher IRS allowance for health care costs. If your actual expenses are				
7.	Out-of-pocket health care allowance: Using the nuthe dollar amount for out-of-pocket health care allowance. The nuthe dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the acceptable.	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and ve a higher IRS allowance for health care costs. If your actual expenses are				
7.	Out-of-pocket health care allowance: Using the nuthe dollar amount for out-of-pocket health care. Then people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the accordance who are under 65 years of age	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and we a higher IRS allowance for health care costs. If your actual expenses are dditional amount on line 22.				
7.	Out-of-pocket health care allowance: Using the nuthe dollar amount for out-of-pocket health care allowance. The nuthe dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the acceptable.	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and we a higher IRS allowance for health care costs. If your actual expenses are dditional amount on line 22.  \$				
7.	Out-of-pocket health care allowance: Using the number of the dollar amount for out-of-pocket health care. Using the number of the dollar amount for out-of-pocket health care. The number of the people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the accordance who are under 65 years of age  7a. Out-of-pocket health care allowance per person	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and we a higher IRS allowance for health care costs. If your actual expenses are dditional amount on line 22.  \$				
7.	Out-of-pocket health care allowance: Using the number of the dollar amount for out-of-pocket health care. Using the number of the dollar amount for out-of-pocket health care. The number of the people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the accordance who are under 65 years of age  7a. Out-of-pocket health care allowance per person	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and we a higher IRS allowance for health care costs. If your actual expenses are dditional amount on line 22.  \$				
Peo	Out-of-pocket health care allowance: Using the not the dollar amount for out-of-pocket health care. The not people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the accepte who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and we a higher IRS allowance for health care costs. If your actual expenses are dditional amount on line 22.  \$				
Peo	Out-of-pocket health care allowance: Using the number of the dollar amount for out-of-pocket health care. The number of the dollar amount for out-of-pocket health care. The number of the people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the accordance who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and we a higher IRS allowance for health care costs. If your actual expenses are dditional amount on line 22.  \$				
Peo	Out-of-pocket health care allowance: Using the number of the dollar amount for out-of-pocket health care. The number of people who are 65 or older-because older people have higher than this IRS amount, you may deduct the accorder who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.	umber of people you entered in line 5 and the IRS National Standards, fill in number of people is split into two categoriespeople who are under 65 and we a higher IRS allowance for health care costs. If your actual expenses are dditional amount on line 22.  \$				
Peo	Out-of-pocket health care allowance: Using the number of the dollar amount for out-of-pocket health care. The number of people who are 65 or older-because older people have higher than this IRS amount, you may deduct the accorder who are under 65 years of age  7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65  7c. Subtotal. Multiply line 7a by line 7b.  ople who are 65 years of age or older  7d. Out-of-pocket health care allowance per person	s				

Debtor 1 O'Malley, Loretta M

Debtor	1 -	O'Malley, Loretta M		_	Case number (if known)			
Lo	cal S	Standards You must use the IRS Local Standards to an	swer the	questions in line	es 8-15.			
		on information from the IRS, the U.S. Trustee Program ses into two parts:	has divi	ided the IRS Loc	cal Standard for housi	ng for bank	ruptcy	
	Hou	sing and utilities - Insurance and operating expenses						
	Hou	sing and utilities - Mortgage or rent expenses						
То	ans	wer the questions in lines 8-9, use the U.S. Trustee Pro	ogram ch	art.				
		the chart, go online using the link specified in the separate art may also be available at the bankruptcy clerk's office.	e instruct	ions for this form	1.			
8.		ousing and utilities - Insurance and operating expenses e dollar amount listed for your county for insurance and ope				e 5, fill in \$		663.00
9.	Н	ousing and utilities - Mortgage or rent expenses:						
	9a	a. Using the number of people you entered in line 5, fill in listed for your county for mortgage or rent expenses			\$	1,930.00		
	9b	b. Total average monthly payment for all mortgages and oth	ner debts	secured by your	home.			
		To calculate the total average monthly payment, add a contractually due to each secured creditor in the 60 mon bankruptcy. Then divide by 60.						
		Name of the creditor	Avera	ge monthly ent				
		Santander Bank NA	\$	1,925.00				
		Santander Bank NA	\$	650.00				
					٦			
		Total average monthly payment	\$	2,575.00	Copy here=> -\$	2,575.00	Repeat this amount on line 33a.	
	90	. Net mortgage or rent expense.						
		Subtract line 9b (total average monthly paymen) from li rent expense). If this amount is less than \$0, enter \$0.			\$0.0	Copy here=	> \$	0.00
10	,	you claim that the U.S. Trustee Program's division of t fects the calculation of your monthly expenses, fill in a				t and	\$	0.00
	Е	Explain why:						
11	. Lo	ocal transportation expenses: Check the number of vehic	les for wh	nich you claim an	ownership or operating	expense.		
		0. Go to line 14.						
		1. Go to line 12.						
		2 or more. Go to line 12.						
12		ehicle operation expense: Using the IRS Local Standards penses, fill in the Operating Costs that apply for your Census				the operatir	ng \$	308.00

Debtor 1	O'Malley, Loretta M		Case number (if known)	
	Vehicle ownership or lease expense: Using the IRS Local S may not claim the expense if you do not make any loan or lease two vehicles.			
Veh	Describe Vehicle 1: , leased vehicle			
13a.	Ownership or leasing costs using IRS Local Standard		\$ 471.00	
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.			
	To calculate the average monthly payment here and on line contractually due to each secured creditor in the 60 months aft Then divide by 60.			
	Name of each creditor for Vehicle 1	Average monthly payment		
	Nisssan- Infiniti It	\$\$		
	Total Average Monthly Payment	\$54.30	Copy here => -\$54.3	Repeat this amount on line 33b.
	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0	, enter \$0	416.70	Copy net Vehicle 1 expense here => \$ 416.70
13d.	Ownership or leasing costs using IRS Local Standard		\$ 0.00	
	Average monthly payment for all debts secured by Vehicle 2. Eleased vehicles.	Oo not include costs for		
	Name of each creditor for Vehicle 2	Average monthly payment		
		_ \$		
	Total Average Monthly Payment	\$	Copy here => -\$ 0.00	Repeat this amount on line 33c.
	Net Vehicle 2 ownership or lease expense Subtract line 13e from line 13d. if this amount is less than \$0	, enter \$0	0.00	Copy net Vehicle 2 expense here => \$ 0.00
14.	Public transportation expense: If you claimed 0 vehicles in Transportation expense allowance regardless of whether you u			\$0.00
	Additional public transportation expense: If you claimed 1 deduct a public transportation expense, you may fill in what you more than the IRS Local Standard for Public Transportation.			

Debtor 1 O'Malley, Loretta M Case number (if known)

Oth	er Necessary Expenses	In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.		
16.	self-employment taxes, Soci your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, al Security taxes, and Medicare taxes. You may include the monthly amount withheld from wever, if you expect to receive a tax refund, you must divide the expected refund by 12 and ne total monthly amount that is withheld to pay for taxes.		
	Do not include real estate, sa	ales, or use taxes.	\$	1,307.72
17.	<b>Involuntary deductions:</b> T union dues, and uniform co	the total monthly payroll deductions that your job requires, such as retirement contributions, sts.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	1,083.33
18.	together, include payments t	onthly premiums that you pay for your own term life insurance. If two married people are filing that you make for your spouse's term life insurance. Do not include premiums for life insurance on-filing spouse's life insurance, or for any form of life insurance other than term.	\$	184.00
19.	<b>Court-ordered payments:</b> agency, such as spousal or	The total monthly amount that you pay as required by the order of a court or administrative child support payments.		
	Do not include payments or	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total month	ly amount that you pay for education that is either required:		
	as a condition for your job	o, or		
	for your physically or mer	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthl	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$	0.00
22.	required for the health and w	benses, excluding insurance costs: The monthly amount that you pay for health care that is velfare of you or your dependents and that is not reimbursed by insurance or paid by a health only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$	0.00
23.	you and your dependents, so	<b>lephone services:</b> The total monthly amount that you pay for telecommunication services for uch as pagers, call waiting, caller identification, special long distance, or business cell phone sary for your health and welfare or that of your dependents or for the production of income, if it inployer.		
		r basic home telephone, internet and cell phone service. Do not include self-employment corted on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	0.00
24.	Add all of the expenses al Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	5,153.75

O'Malley, Loretta M Debtor 1 Case number (if known) Additional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 99.78 Disability insurance 0.00 0.00 Health savings account 99.78 Total 99.78 Copy total here=> Do you actually spend this total amount? П No. How much do you actually spend? \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include 0.00 contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional amount 0.00 claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42\* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 0.00 \* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment. 30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards. To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. 0.00 You must show that the additional amount claimed is reasonable and necessary.

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial

instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

0.00

99.78

32. Add all of the additional expense deductions.

Add lines 25 through 31.

Case number (if known)

Deduction	s for Debt Payment					
	bts that are secured by an interest her secured debt, fill in lines 33a th	in property that you own, including home	mortg	gages, vehicle loans,		
To calc	·	ent, add all amounts that are contractually due	to each	n secured creditor in		
Мо	rtgages on your home:	·				verage monthly
33a. Cop	by line 9b here			=>	\$	2,575.00
Loa	ans on your first two vehicles:					
3b. Cop	by line 13b here			=>	\$	54.30
3c. Cop	by line 13e here			=>	\$	0.00
	other secured debts:					
ame of ead	ch creditor for other secured debt	Identify property that secures the debt		Does payment include taxes or insurance?		
				□ No		
-NO	NE-			☐ Yes	\$	
		-			Ψ.	
				□ No		
				Yes	\$	
				□ No		
				☐ Yes	+\$	
-					.Ψ.	
3e. Tota	l average monthly payment. Add line	s 33a through 33d	\$_	2 620 20 t	Copy otal nere=>	\$2,629.30
1 Aro an	y dobte that you listed in line 22 co	ecured by your primary residence, a vehic	lo or			
		rt or the support of your dependents?	ie, oi			
■ No.	Go to line 35.					
☐ Yes		pay to a creditor, in addition to the payments reproperty (called the cure amount). Next, divide.		n		
Name of th	ne creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount
NONE-				\$ ÷ 6	0 = \$	
				l t	Copy otal	
		Tot	al   \$ _	0.00	nere=>	\$
5. Do you are pas	owe any priority claims such as a t due as of the filing date of your l	priority tax, child support, or alimony - thoankruptcy case? 11 U.S.C. § 507.	at			
■ No.						
		ese priority claims. Do not include current or listed in line 19.	ongoin	g		
	Total amount of all past-due price		\$	0.00 ÷	30 –	\$ 0.0

Debtor 1 O'Malley, Loretta M

	ebtor 1	O'Ma	alley, Loretta M		Case r	umber (if knowr	))		
Yes. Fill in the following information.   Projected monthly plan payment if you were filing under Chapter 13   \$	Fo	r more	information, go online using the link foBankruptcy Basic	s specified		ce.			
Yes. Fill in the following information.   Projected monthly plan payment if you were filing under Chapter 13   \$		Nο	Go to line 37						
Projected monthly plan payment if you were filing under Chapter 13  Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (or districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).  To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptycy clerk's office.  Average monthly administrative expense if you were filing under Chapter 13  37. Add all of the deductions for debt payment.  Add lines 33e through 36:  Total Deductions from Income  38. Add all of the allowed deductions.  Copy line 24, All of the expenses allowed under IRS expense allowances.  Copy line 24, All of the deductions for debt payment.  **Solution**  **Copy line 37, All of the deductions for debt payment.  **Solution**  **Total deductions**									
Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Cardina) or by the Executive Office for United States Frustees (for all other districts).  To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  Average monthly administrative expense if you were filling under Chapter 13  37. Add all of the deductions for debt payment.  Add lines 33e through 36.  Total Deductions from Income  38. Add all of the allowed deductions.  Copy line 24. All of the expenses allowed under IRS expense allowances  Copy line 32, All of the additional expense deductions  S 99.78  Copy line 37, All of the deductions for debt payment +\$ 2,629.30  Total deductions  \$ 7,882.83  Copy total here			•	Chapter 13	\$				
Administrative Office of the United States Courts (for districts in Alabama and North Cardina) or by the Executive Office for United States Trustees (for all other districts).  To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  Average monthly administrative expense if you were filing under Chapter 13  37. Add all of the deductions for debt payment.  Add lines 33e through 36.  Total Deductions from Income  38. Add all of the allowed deductions.  Copy line 24. All of the expenses allowed under IRS expenses allowed under IRS expenses allowers.  Copy line 32, All of the additional expense deductions  Copy line 37, All of the deductions for debt payment +\$ 2,629.30.  Total deductions  Total deductions  7,882.83  Copy total here				•	•				
link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.  Average monthly administrative expense if you were filing under Chapter 13  37. Add all of the deductions for debt payment.  Add lines 33e through 36.  Total Deductions from Income  38. Add all of the allowed deductions.  Copy line 24, All of the expenses allowed under IRS expenses allowences  Copy line 32, All of the additional expense deductions  Suppose allowances  Copy line 37, All of the deductions for debt payment  +\$ 2,629.30  Total deductions  Total deductions  Total deductions  7,882.83  Copy total here			Administrative Office of the United States Courts (for di and North Carolina) or by the Executive Office for United	istricts in Al	istees (for				
Average monthly administrative expense if you were filing under Chapter 13  \$			link specified in the separate instructions for this form.				Cor	ov total	
Total Deductions from Income  38. Add all of the allowed deductions.  Copy line 24, All of the expenses allowances  Copy line 32, All of the expenses allowances  Copy line 32, All of the additional expense deductions  S 99.78  Copy line 37, All of the deductions for debt payment  Total deductions  Total deductions  \$ 7,882.83  Copy total here			Average monthly administrative expense if you were filing	g under Cha	apter 13	\$			
38. Add all of the allowed deductions.  Copy line 24, All of the expenses allowed under IRS expense allowances  Copy line 32, All of the additional expense deductions  Sp9,78  Copy line 37, All of the deductions for debt payment  Total deductions  \$7,882.83  Copy total here								\$	2,629.30
Copy line 24, All of the expenses allowed under IRS expense allowences  Copy line 32, All of the additional expense deductions  Sp. 7,882.83  Copy total here	Total I	Deduct	tions from Income						
Copy line 32, All of the additional expense deductions   \$ 99.78	38. <b>A</b> d	ld all o	f the allowed deductions.						
Copy line 32, All of the additional expense deductions  Copy line 37, All of the deductions for debt payment  Total deductions  Total dedu				<b>c</b>	5 153 75				
Total deductions  Total description of Abuse  39. Calculate monthly disposable income for 60 months  39a. Copy line 4, adjusted current monthly income  Total deductions  Tota		•		· —					
Total deductions  \$ 7,882.83  Copy total here	C	copy lin	le 32, All of the additional expense deductions	\$					
Determine Whether There is a Presumption of Abuse  39. Calculate monthly disposable income for 60 months  39a. Copy line 4, adjusted current monthly income  39b. Copy line 38, Total deductions  39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a  Copy Subtract line 39b from line 39a  Copy Subtract line 39b from line 39a  X 60  39d. Total. Multiply line 39c by 60  \$ 0.00 Copy Subtract line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.  The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.	С	Copy lin	e 37, All of the deductions for debt payment	+\$	2,629.30	7			
39. Calculate monthly disposable income for 60 months  39a. Copy line 4, adjusted current monthly income \$ 7,300.30  39b. Copy line 38, Total deductions - \$ 7,882.83  39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a  \$ 0.00 Copy here=>\$ 0.00  For the next 60 months (5 years) x 60  39d. Total. Multiply line 39c by 60 \$ 0.00  40. Find out whether there is a presumption of abuse. Check the box that applies:  The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.  The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.			Total deductions	\$	7,882.83	Copy total	here	=> \$	7,882.83
39a. Copy line 4, adjusted current monthly income  39b. Copy line 38, Total deductions  39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a  Subtract line 39b from line 39b from line 39a  Subtract line 39b from line 39c by 60  Subtract line 39c by 60  Sub	art 3:	Det	ermine Whether There is a Presumption of Abuse						
39b. Copy line 38, Total deductions  -\$ 7,882.83  39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a  \$ 0.00  Copy here=>\$ 0.00  For the next 60 months (5 years)  x 60  39d. Total. Multiply line 39c by 60  \$ 0.00  \$ 0.00  Copy here=> \$ 0.00  \$ 0.00  The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.  The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.	39. <b>Ca</b>	alculate	e monthly disposable income for 60 months						
39b. Copy line 38, Total deductions  - \$ 7,882.83  39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Subtract line 39b from line 39a  \$ 0.00  Copy here=>\$ 0.00  For the next 60 months (5 years)  x 60  39d. Total. Multiply line 39c by 60  \$ 0.00  Copy here=> \$ 0.00  \$ 0.00  The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.  The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.	3	9a. Co	py line 4, adjusted current monthly income	\$	7,300.30				
39c. Monthly disposable income. 11 U.S.C. § 707(b)(2).  Subtract line 39b from line 39a  Subtract line 39b from line 39b from line 39a  Subtract line 39b from line 39b from line 39a  Subtract line 39b from line 39b from line 39a  Subtract line 39b from line 39b from line 39a  Subtract line 39b from line 39b from line 39a  Subtract line 39b from line 39a  Subtra	3	9b. Co	py line 38, <i>Total deductions</i>	- \$					
39d. Total. Multiply line 39c by 60  \$ 0.00 Copy here=> \$ 0.00  40. Find out whether there is a presumption of abuse. Check the box that applies:  The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.  The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.		9c. Mo	onthly disposable income. 11 U.S.C. § 707(b)(2).	\$	0.00			0.00	
39d. Total. Multiply line 39c by 60  \$	F	or the r	next 60 months (5 years)				x 60		
<ul> <li>■ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.</li> <li>□ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.</li> </ul>	3	9d. <b>To</b>	tal. Multiply line 39c by 60		\$	0.00	1	\$	0.00
<ul> <li>■ The line 39d is less than \$7,700*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5.</li> <li>□ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.</li> </ul>							J		
☐ The line 39d is more than \$12,850*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5.	τυ. FII			• •	•	no presumi	ntion of abus	se. Go to Part F	5.
	_	The li	ine 39d is more than \$12,850*. On the top of page 1 of t						
⊔ ine line 39d is at least \$7,700°, but not more than \$12,850°. Go to line 41.	_		·		- 44				
*Subject to adjustment on 4/01/19, and every 3 years after that for cases filed on or after the date of adjustment									

Debtor 1

O'M	alley, Loretta M	Case number (if known)
41a.	Fill in the amount of your total nonpriority unsecured debt. If you fill Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form	n
41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(a) Multiply line 41a by 0.25	
your ı	unsecured, nonpriority debt.	d deductions is enough to pay 25%
		There is no presumption of abuse.
Giv	ve Details About Special Circumstances	
Yo Yo ne	ou may include expenses you listed in line 25.  ou must give a detailed explanation of the special circumstances that make to be served and reasonable. You must also give your case trustee documentation.	he expenses or income adjustments
G	Give a detailed explanation of the special circumstances	Average monthly expense or income adjustment
		\$
_		\$
_		\$
_		\$
Sig	n Below	
By si	gning here, I declare under penalty of perjury that the information on this sta	atement and in any attachments is true and correct.
	41a.  41b.  41c.  41c.	Schedules (Official Form 106Sum), you may refer to line 3b on that form 41b. 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Eastern District of New York, Brooklyn Division

In re		of the wilding brooms	Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR I	DEBTOR	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be pai	d to me, for services rendere	d or to
	For legal services, I have agreed to accept		\$	2,250.00	
	Prior to the filing of this statement I have received		\$	2,250.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed compe firm.	ensation with any other person	unless they are me	mbers and associates of my l	aw
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				m. A
5.	In return for the above-disclosed fee, I have agreed to ren	nder legal service for all aspec	ts of the bankruptcy	case, including:	
	<ul><li>a. Analysis of the debtor's financial situation, and render</li><li>b. Preparation and filing of any petition, schedules, state</li><li>c. Representation of the debtor at the meeting of creditor</li><li>d. [Other provisions as needed]</li></ul>	ment of affairs and plan which	h may be required;		<b>/</b> ;
б.	By agreement with the debtor(s), the above-disclosed fee	does not include the followin	g service:		
		CERTIFICATION			-
	I certify that the foregoing is a complete statement of any pankruptcy proceeding.	agreement or arrangement fo	r payment to me for	representation of the debtor	(s) in
_(	October 17, 2016	/s/ Kevin Zazzera			
I	Date (	Kevin Zazzera Signature of Attorne Kevin B. Zazzera,			
		182 Rose Ave Ste Staten Island, NY			
		kzazz007@yahoo Name of law firm	.com		